



VETERINARIAN REFERENCE

Once you fill out your portion of this form, click submit. Navigate to "Shared Documents" on your tenant portal, download and print a copy. **Give this form to your Veterinarian to complete.**

Pet Name: _____ Date: _____

Owned by: _____

Dog Cat Bird Other Breed: _____

Male Female Spayed/Neutered Age: _____ Color: _____

VACCINATIONS

Canine

- Distemper
- Distemper/Measles
- (CAV-2) Hepatitis
- Lepto C & 1
- Parvo Virus
- Bordetella
- Corona Virus
- Other: _____

Feline

- Panleukopenia
- Rhinotracheitis
- Calci Virus
- Leukemia
- Chlamydia
- Other: _____

Vaccinations Expire: _____

PHYSICAL EXAMINATION

	Normal	Abnormal	Comments
General Appearance			
Coat/Skin/Nails			
Heart/Lungs			
Eyes			
Ears			
Teeth			
Urogenital			
Muscle/Bones			
Temperment			
Other: _____			

Evidence of Flea or Tick infestation? Yes No

COMMENTS:

I certify as an accredited veterinarian licensed to practice in this state, that the above described animal has been examined by me on this date and shows no sign of any infections or contagious disease. Current vaccinations and spay/neuter status are as indicated above.

Veterinarian's Name (Print): _____

Address: _____ **Phone:** (_____) _____

Veterinarian's Signature _____ **Date:** _____

Please return this document to the Hignell Company, Located at 1750 Humboldt Rd. Chico, CA 95928 OR by FAX:
(530)894-6984, within ten business days from this date: _____ .